

General

Title

Head and neck cancer: proportion of patients with head and neck cancer with final excision margins of less than 1 mm after open surgical resection with curative intent.

Source(s)

NHS Scotland, Scottish Cancer Taskforce. Head and neck cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Feb. 33 p. [20 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Outcome

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients with head and neck cancer with final excision margins of less than 1 mm after open surgical resection with curative intent.

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the [Healthcare Improvement Scotland Web site](#)

Rationale

Achieving clear margins is associated with improved local and regional control and disease specific and overall survival.

Where distance from invasive carcinoma to surgical margins is less than 1 mm this would be considered involved (The Royal College of Pathologists, "Mucosal malignancies," 2013; The Royal College of Pathologists, "Salivary gland neoplasms," 2013).

Margin status is an important predictor of patient outcome (McMahon et al., 2003; McMahon et al., 2011).

Evidence has shown that surgical margins that have positive margins have an increased risk of recurrence (Binahmed, Nason, & Abdoh, 2007; Wong et al., 2012; Bradley et al., 2007).

Evidence for Rationale

Binahmed A, Nason RW, Abdoh AA. The clinical significance of the positive surgical margin in oral cancer. *Oral Oncol.* 2007 Sep;43(8):780-4. [PubMed](#)

Bradley PJ, MacLennan K, Brakenhoff RH, Leemans CR. Status of primary tumour surgical margins in squamous head and neck cancer: prognostic implications. *Curr Opin Otolaryngol Head Neck Surg.* 2007 Apr;15(2):74-81. [PubMed](#)

McMahon J, Devine JC, Hetherington J, Bryson G, McLellan D, Maciver C, Teasdale E, Jampana R. Involved surgical margins in oral and oropharyngeal carcinoma-an anatomical problem?. *Br J Oral Maxillofac Surg.* 2011 Apr;49(3):172-5. [PubMed](#)

McMahon J, O'Brien CJ, Pathak I, Hamill R, McNeil E, Hammersley N, Gardiner S, Junor E. Influence of condition of surgical margins on local recurrence and disease-specific survival in oral and oropharyngeal cancer. *Br J Oral Maxillofac Surg.* 2003 Aug;41(4):224-31. [PubMed](#)

NHS Scotland, Scottish Cancer Taskforce. Head and neck cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Feb. 33 p. [20 references]

The Royal College of Pathologists. Dataset for histopathology reporting of mucosal malignancies of the pharynx. London (UK): The Royal College of Pathologists; 2013.

The Royal College of Pathologists. Dataset for histopathology reporting of salivary gland neoplasms. London (UK): The Royal College of Pathologists; 2013.

Wong LS, McMahon J, Devine J, McLellan D, Thompson E, Farrow A, Moos K, Ayoub A. Influence of close resection margins on local recurrence and disease-specific survival in oral and oropharyngeal carcinoma. *Br J Oral Maxillofac Surg.* 2012 Mar;50(2):102-8. [PubMed](#)

Primary Health Components

Head and neck cancer; excision margins; open surgical resection; curative intent

Denominator Description

All patients with head and neck cancer who undergo open surgical resection with curative intent

Numerator Description

Number of patients with head and neck cancer who undergo open surgical resection with curative intent with final excision margins of less than 1 mm (on pathology report)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients with head and neck cancer who undergo open surgical resection with curative intent

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with head and neck cancer who undergo open surgical resection with curative intent with final excision margins of less than 1 mm (on pathology report)

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Physiologic Health State (Intermediate Outcome)

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a lower score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: less than 5%

This Cancer Quality Performance Indicator (QPI) is measuring the proportion of patients who undergo surgery where the tumour has not been completely excised, therefore a "less than" target level has been set.

Evidence for Prescriptive Standard

NHS Scotland, Scottish Cancer Taskforce. Head and neck cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Feb. 33 p. [20 references]

Identifying Information

Original Title

QPI 8 – surgical margins.

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Head and Neck Cancer

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Head and Neck Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Feb

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence. Formal reviews are conducted every 3 years and baseline checks each year.

Date of Next Anticipated Revision

2017 Nov

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the [Healthcare Improvement Scotland Web site](#) .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the [Healthcare Improvement Scotland Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 18, 2017.

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Production

Source(s)

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